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DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/798,635	03/11/2004	Frank Venegas JR.	IDS-17102/14	6673	
THE E OF INDESTRUCTION EVELOPION APPODEDING BANEFY AND WALL STRUCTFIDES					

SMALL ENTITY

nonprovisional	YES	\$720	\$300	50	\$1020	05/01/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
DUNN, DAVID R		3636	052-222000			
L Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address for Change of Correspondence Address from PTO/SB/122 stacked. The Address from Lanched. The Address from recen) attacked. Use of a Customer PTO/SB/123 throw recen) attacked. Use of a Customer PTO/SB/123 throw recen) attacked. Use of a Customer PTO/SB/127, Rev 0.54.02 or more recen) attacked. Use of a Customer PTO/SB/127, Rev 0.54.02 or more recen) attacked. Use of a Customer PTO/SB/127, Rev 0.54.02 or more recen) attacked. Use of a Customer PTO/SB/127, Rev 0.54.02 or more recen) attacked. Use of a Customer PTO/SB/127, Rev 0.54.02 or more recen) attacked. Use of a Customer PTO/SB/127, Rev 0.54.02 or more recent particles and reverse recent particles attacked.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attorney, vely, e firm (having as a member agent) and the names of up to meys or agents. If no name i	Anderso	Krass, Sprinkle, n & Citkowski, PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is NO	data will appear on the patent. If an assignce is identified below, the document has been filed for IT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Please check the appropriate assignee category or categories (will not be p	rimted on the patent);
4a. The following fee(s) are submitted:	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
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Authorized Signature	Dela 4-23-18
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Typed or printed name JOVIVI 63. FOS	Registration No. 07, 100
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